



**King County**  
**Department of Development**  
**and Environmental Services**  
900 Oakesdale Avenue Southwest  
Renton, WA 98057-5212

206-296-6600 TTY Relay: 711

Web date: 05/07/2009

## ENHANCED INSPECTION PROGRAM – LAND USE INSPECTIONS APPLICATION

For alternate formats, call 206-296-6600.

### Instructions:

- ♦ Applications must be submitted **before** Engineering Plan approval.
- ♦ Provide all information requested by **typing or printing** in ink and be sure to date and sign the application.
- ♦ **NOTE: Number of Enhanced Program applicants accepted is limited by available Land Use Inspection staff.**

### PROJECT INFORMATION

Project Name \_\_\_\_\_ INSPECT Number \_\_\_\_\_  
Plat or Short Plat \_\_\_\_\_ SITEREV Number \_\_\_\_\_

### APPLICANT

Name \_\_\_\_\_  
LAST FIRST M.I.  
Firm Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
STREET CITY ST ZIP CODE  
Phone - - Phone - - Fax - -  
PRIMARY PHONE NUMBER SECONDARY PHONE NUMBER  
E-mail \_\_\_\_\_

### CONSTRUCTION MANAGER

Name \_\_\_\_\_  
LAST FIRST M.I.  
Firm Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
STREET CITY ST ZIP CODE  
Phone - - Phone - - Fax - -  
PRIMARY PHONE NUMBER SECONDARY PHONE NUMBER  
E-mail \_\_\_\_\_

### PROJECT ENGINEER

Name \_\_\_\_\_  
LAST FIRST M.I.  
Firm Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
STREET CITY ST ZIP CODE  
Phone - - Phone - - Fax - -  
PRIMARY PHONE NUMBER SECONDARY PHONE NUMBER  
E-mail \_\_\_\_\_

<b>QUALITY ASSURANCE ENGINEER</b>				
Name _____		_____		_____
LAST		FIRST		M.I.
Firm Name _____				
Mailing Address _____				
STREET		CITY	ST	ZIP CODE
Phone - - _____	Phone - - _____	Fax - - _____		
PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER		
E-mail _____				

<b>CERTIFIED EROSION AND SEDIMENTATION CONTROL LEAD (CESCL)</b>				
Name _____		_____		_____
LAST		FIRST		M.I.
Firm Name _____				
Mailing Address _____				
STREET		CITY	ST	ZIP CODE
Phone - - _____	Phone - - _____	Fax - - _____		
PRIMARY PHONE NUMBER		SECONDARY PHONE NUMBER		
E-mail _____				
<b>CESCL training provided by:</b>		<b>Issued Date</b>	<b>Certificate No.</b>	<b>Expiration Date</b>

I certify that all statements on my application materials are true to the best of my knowledge. I have read the enhanced inspection program criteria (including Appendix A) and agree to comply with the criteria throughout the life of the project. I acknowledge that failure to comply with enhanced inspection program criteria (including Appendix A) will result in the removal of this project from the enhanced inspection program. I am requesting the removal of this activity from the Financial Project Management program (e.g., I understand that a fee estimate will not be provided).

APPLICANT NAME _____	DATE _____
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**You will receive a written reply that will either accept or reject your request for the enhanced inspection program for the referenced INSPECT activity. Please allow two weeks for processing.**

FOR OFFICE USE ONLY	
APPROVED BY _____	DATE _____
ASSIGNED PRIMARY INSPECTOR**	CELL PHONE _____
ASSIGNED PRIMARY SENIOR INSPECTOR	CELL PHONE _____

**\*\*More than one inspector may be needed during certain phases of the project**

**Check out the DDES Web site at [www.kingcounty.gov/permits](http://www.kingcounty.gov/permits)**